

Trust Board paper I

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD**

**DATE OF TRUST BOARD MEETING: 3 NOVEMBER 2011**

**COMMITTEE: Finance and Performance Committee**

**CHAIRMAN: Mr I Reid, Non-Executive Director**

**DATE OF COMMITTEE MEETING: 28 September 2011. A covering sheet outlining the key issues discussed at this meeting was submitted to the Trust Board on 6 October 2011.**

**RECOMMENDATIONS MADE BY THE COMMITTEE FOR CONSIDERATION BY THE TRUST BOARD:**

**None.**

**OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR CONSIDERATION/ RESOLUTION BY THE TRUST BOARD:**

- **The Quality, Finance and Performance Report – Month 5 (Minute 105/11/1 refers).**

**DATE OF NEXT COMMITTEE MEETING: 27 October 2011.**

**Mr I Reid – Non-Executive Director  
27 October 2011**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF A MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE  
HELD ON WEDNESDAY 28 SEPTEMBER 2011 AT 9.00AM IN CONFERENCE ROOMS  
1A & 1B, GWENDOLEN HOUSE, LEICESTER GENERAL HOSPITAL SITE****Present:**

Mr I Reid – Non-Executive Director (Committee Chair)  
 Mr J Clarke – Chief Information Officer (deputising for Dr A Tierney, Director of Strategy)  
 Dr K Harris – Medical Director  
 Mr R Kilner – Non-Executive Director (up to and including Minute 108/11)  
 Mr M Lowe-Lauri – Chief Executive  
 Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse  
 Mr A Seddon – Director of Finance and Procurement  
 Mr J Shuter – Deputy Director of Finance and Procurement  
 Mr G Smith – Patient Adviser (non-voting member) – up to and including Minute 112/11  
 Mrs J Wilson - Non-Executive Director

**In Attendance:**

Mrs G Belton – Trust Administrator  
 Mrs K Bradley – Director of Human Resources (up to and including Minute 105/11/5)  
 Mr P Gowdrige – Divisional Finance and Performance Manager, Women's and Children's Division (for Minute 104/11)  
 Mr J Hartigan – Deloitte & Finnamore (for Minute 105/11/5)  
 Ms N Junkin – Divisional HR Lead, Women's and Children's Division (for Minute 104/11)  
 Mr C Lewry – Deloitte & Finnamore (for Minute 105/11/5)  
 Dr P Rabey – Divisional Director, Women's and Children's Division (for Minute 104/11)  
 Mr D Yeomanson – Divisional Manager, Women's and Children's Division (for Minute 104/11)  
 Ms K Wilkins – Divisional Head of Nursing, Women's and Children's Division (for Minute 104/11)

**RESOLVED ITEMS****ACTION****101/11 APOLOGIES**

Apologies for absence were received from Dr A Tierney, Director of Strategy. The Chairman welcomed Mr J Clarke, Chief Information Officer, who was deputising for Dr Tierney.

**102/11 MINUTES AND ACTION SHEET**

**Resolved – that the Minutes and action sheet of the Finance and Performance Committee meeting held on 24 August 2011 (papers A and A1 refer) be approved as a correct record.**

**103/11 MATTERS ARISING**

Members reviewed the contents of the report (paper B refers) detailing the Matters Arising from the last meeting held on 24 August 2011 (and from previous meetings held on 28 July 2011, 29 June 2011 and 25 May 2011), the outcome of which was as follows:

- Minute 87/11/1 (relating to project plans for the elective community activity tender being presented to the April or May 2012 Finance and Performance Committee) – the Chairman requested that the Senior Trust Administrator scheduled this item into the calendar of business for the Committee next year. Members also agreed that it could be beneficial to request that Deloitte and Finnamore reviewed the technical aspects of this work;
- Minute 87/11/5 (relating to establishing a mechanism with Leicester City Council regarding health and social care managerial arrangements) – the Chief

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- Executive undertook to progress this item outwith the meeting, and report on progress to the Finance and Performance Committee as appropriate;
- Minute 88/11 (which related to a series of actions arising from the Acute Care Division's presentation to the Finance and Performance Committee as its last meeting) – the Chief Operating Officer / Chief Nurse confirmed that she had received the information requested, and had arranged a series of meetings to work through all of the relevant actions;
  - Minute 89/11/1 (relating to wording being revised and clarified in respect of the minimum standard for copying discharge and outpatient letters)- the Medical Director confirmed that this action had been undertaken, and implementation was underway;
  - Minute - 89/11/4 (relating to work requested of the Director of Strategy at the last meeting in respect of the HISS upgrade and review of the encoder licence allocation) – the Chief Information Officer confirmed that the first action listed had been completed and the second action was currently in progress;
  - Minute 89/11/5 (relating to the CQUIN reconciliation process) – the Chief Operating Officer / Chief Nurse provided a verbal report on progress to members, advising that she was currently working on the final three schemes for which a resolution remained outstanding;
  - Minute 97/11 - the Senior Trust Administrator was requested to confirm the date for the December 2012 meeting of the Finance and Performance Committee to members. Members also noted that there was not currently a meeting of the Finance and Performance Committee scheduled in December 2011 (due to reporting timeframes coinciding with the Christmas Bank Holiday period, two meetings of the Finance and Performance Committee had been scheduled in January 2012; one in early January 2012 and one in late January 2012). It was agreed that this matter would remain under review and a December 2011 meeting would be reinstated if considered appropriate, and
  - Minute 72/11/2 (relating to obtaining advice from external commercial estate agencies regarding residential accommodation provision) – the Director of Human Resources confirmed that this work was currently on-going, and she would be in a position to provide a further update at the Finance and Performance Committee meeting in November 2011.

**Resolved – that (A) the contents of this report, and the additional verbal information provided, be received and noted,**

**(B) the Senior Trust Administrator be requested to schedule the item outlined under Minute 87/11/1 above into the Finance and Performance Committee's calendar of business for 2012;**

**(C) the Director of Finance and Procurement be requested to involve Deloitte and Finnamore in reviewing the technical aspects of the work outlined under Minute 87/11/1 above, as appropriate,**

**(D) the Chief Executive be requested to progress the work outlined under Minute 87/11/5 above, and update the Finance and Performance Committee as appropriate,**

**(E) the Senior Trust Administrator be requested to confirm the date of the December 2012 meeting of the Finance and Performance Committee, and to keep under review the issue of a meeting of the Finance and Performance Committee in December 2011, and**

**(F) the Director of Human Resources be requested to provide a further update relating to the work described under Minute 72/11/2 above to the November 2011 meeting of the Finance and Performance Committee.**

## 104/11 PERFORMANCE PRESENTATION – WOMEN’S AND CHILDREN’S DIVISION

The Divisional Director, Divisional Manager, Divisional Head of Nursing, Divisional Finance and Performance Manager and Divisional H.R Lead, Women’s and Children’s, attended to present the Division’s performance.

The presentation (an updated paper C refers – due to a change in the SLR slide) highlighted the following points:

- (1) key issues relating to the Division, in terms of its structure and its income and expenditure position (with note particularly being made of the fact that the majority of its budget (circa 80%) was utilised in pay costs). Also noted was the fact that the Division had a low cost base, therefore taking out further cost whilst ensuring and maintaining a safe service represented a particular challenge;
- (2) the achievements of the directorate (in terms of collaborative working and operational performance highlights);
- (3) current and forecast performance (with a 4.7% deficit expected by year end 2011/12 due to an SLR shift; a 4.1% surplus having been achieved in the previous financial year) and the key challenges that lay ahead (i.e. delivery of recurrent efficiency savings through a reduction in cost base and the resolution of contracting issues, relating particularly to maternity and HIV and contraceptive services, to ensure a sound income base);
- (4) the actions being undertaken to address the deficit, including full engagement with the counting and coding work, close control of planned WTE growth within plan;
- (5) plans for 2011–12 through to 2014-15 (in respect of people, processes, partnerships and profitability)and
- (6) a summary of the following: 2011/12 financial summary, 2011-12 forecast CIP performance, SLR position 2010/11 and SLR position 2011/12.

Particular discussion took place regarding the following:

- (i) in response to a query as to whether the Division should have reduced its headcount in light of a £1m drop in activity, it was noted that the Division’s income did not necessarily reflect its activity, and that the income drop it had experienced was not necessarily a result of less activity being undertaken, but was due to the way in which the contract worked. Nevertheless, it was acknowledged that the Division could potentially have closed more beds than it did due to an unexpectedly quiet summer. However it was also noted that this situation had been impossible to predict;
- (ii) in response to a query, confirmed that the ‘other’ element of 2011/12 financial summary presented related to any unidentified CIP;
- (iii) the on-going negotiations with commissioners, particularly in relation to HIV services and contraceptive services;
- (iv) the Division’s private patient income targets, which were mainly concentrated in the Assisted Conception Unit. Whilst there was little demand for private practice in obstetrics and Children’s Services within UHL, the benefit of reviewing the potential for further private practice within gynaecology with Deloitte and Finnamore was noted. Also discussed were potential areas where the Trust could work in partnership with other private providers;
- (v) one or two outstanding issues being experienced by the directorate following the centralisation of the booking of Medical Locums, which it was anticipated would resolve as the new system embedded further and new working relationships were built upon;
- (vi) the Division’s work with Deloitte and Finnamore to-date;
- (vii) the Division’s improving sickness absence rates, and the work on-

- going in this respect within the Division;
- (viii) the reasons behind the Division having the largest number of incident forms submitted relating to staff shortages. Whilst it was important for the Division to be aware of, and respond appropriately to, any such occurrences, it was noted that sometimes a number of forms could be submitted from different staff members in relation to staff shortages on the same shift. It was therefore intended to change practice so that only one form was submitted regarding one particular shift which had experienced staff shortages, but to make a note of which patients' care had potentially been affected by this shortage (within their notes). Note was also made of the recent introduction of an acuity tool, along with the fact that the Division currently had more Midwives than it ever had previously. Also noted was the introduction of more flexible working between midwifery staff based at the Trust and those within the community;
  - (ix) whether the quieter Summer of 2011 could potentially have been a loss of market share – it was not considered that this was the case as the quiet period had related only to emergency and intensive care beds, rather than the Division's usual activity. Only minimal changes to market share had been observed. Also discussed was the recent challenge given to the Paediatric Consultants by the Division to potentially improve the Trust's market share by introducing procedures not previously undertaken at Leicester;
  - (x) the business as it related to paediatric medical oncology (this was now grouped within the 'other' specialties, and work was being undertaken to code out activity to the correct specialties by March 2012) and also paediatric intensive care, and
  - (xi) the on-going detailed work regarding job planning, and also regarding the re-profiling of the headcount in Women's (that in Children's already having been clarified) and the need to maximise the flexibility of the Division's workforce.

In conclusion, the Finance and Performance Committee thanked the Division for their presentation and commended them for their continued work, their medical engagement and for being a responsive Division, providing information in a timely manner and having a good understanding of the relevant issues.

**Resolved – that the contents of the presentation, and the additional verbal information provided, be received and noted.**

105/11 2011-12

105/11/1 Quality, Finance and Performance Report – Month 5

The Chief Operating Officer / Chief Nurse introduced paper 'D', which detailed an overview of UHL performance against national, regional and local indicators for the month of August 2011.

In her presentation of the operational performance element of the report, the Chief Operating Officer / Chief Nurse particularly drew members' attention to the deterioration in the ED 4 hour performance position, and to the changes to the way the Department of Health were calculating ED performance (section 2.3 refers in detail). She also confirmed to members that the appeal letter referenced at the end of the section had not been lodged as yet. She particularly made reference to increasing referral rates in relation to endoscopy (section 2.10 of the report refers), noting the significant challenges that absorbing these increasing referrals would present to the Trust. She noted that further information in relation to endoscopy would be provided at the next meeting of the Finance and Performance Committee. Also noted was the report being submitted to the

COO/

Governance and Risk Management Committee meeting the following day regarding pressure ulcers, and the recommendation that the same principles were also applied to the issue of patient falls. Note was made of the deterioration in the patient experience data, and that the majority of the decrease in satisfaction related to a number of wards within the Acute Care Division. The specific underperforming areas had been identified and analysed in relation to other performance indicators. Areas identified as demonstrating related reductions in metric performance were now under the Health-Check performance (copies of relevant reports would be submitted to the Governance and Risk Management Committee and Trust Board accordingly) and actions to improve the position had been implemented (section 2.8 of the report refers). Members' attention was also drawn to section 2.11 of the report regarding related month 5 performance areas.

The Medical Director presented section 3 of the report, noting that performance against the various indicators listed remained good. He particularly made reference to the on-going work around readmissions, which required closer working with the community. Particular discussion took place regarding mortality rates, and the fact that the latest figures (when adjusted for incorrect coding) were in line with what would be expected. In respect of section 3.6 (patient safety), it was noted that the Trust would incur a financial penalty in respect of the 'Never Event' referenced within the report.

The Director of Human Resources presented section 4 of the report, and also covered information in respect of the proposed changes to the sickness absence policy and performance management (Minute 105/11/4 below refers), regarding which the Trust was currently in consultation with Staff Side. The proposed changes to the Sickness Absence Policy related to reducing the number of episodes (from 4 episodes to 3 episodes) an individual could be absent due to sickness before 'triggering' a referral to Occupational Health, along with a reduction in the number of associated warnings and opportunities for appeal (reducing from 8 to 5). Also discussed was the issue of the actions underway to offer support to a number of managers in relation to their management of sickness absence amongst their staff.

The Director of Finance and Performance presented section 5 of the report relating to financial performance, and particularly drew members' attention to the variance analysis presented for the first time. He requested that members advised him if they considered that there was any other information which they would find helpful to see in this report.

F & P  
Committee  
Members

Particular discussion took place regarding the payment of invoices, and the potential to improve the Trust's cash position by paying invoices on time, rather than early (as was the case currently). Also discussed were the measures by which the Trust could achieve the necessary reduction in headcount in order to achieve its financial year-end forecast, and note was made of the 'bridging chart' requested by the Workforce and Organisational Committee which was currently being developed and would identify relevant figures in terms of the Trust's headcount (including natural turnover, VSS and any redundancies). Particular discussion took place regarding the issue of redundancy from a process point of view, and the weekly monitoring of the position which was undertaken by the Strategic Health Authority. Also noted was the weekly panel which reviewed any requests relating to recruitment within the Trust. It was agreed that the Chair of Finance and Performance Committee would highlight the specific issues discussed under this item at the Trust Board meeting due to be held on 6 October 2011. The Chief Executive also confirmed that he would require the latest information available relating to staffing at the end of the current week in order that he could inform the SHA accordingly. The Committee agreed to seek specific assistance regarding this matter from Deloitte and Finnamore (and in particular from the PMO).

FPC  
Chair

DFP

**Resolved – that (A) the contents of this report be received and noted,**

**(B) the Chief Operating Officer / Chief Nurse be requested to provide the further**

information referenced relating to endoscopy at the next meeting of the Finance and Performance Committee,

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(C) members of the Finance and Performance Committee be requested to advise the Director of Finance and Procurement if there was any additional information which they would find it helpful to see within the financial section of this report,

F & P  
Committee  
Members

(D) the Chair of the Committee be requested to raise the specific issues discussed in the final paragraph above at the next meeting of the Trust Board on 6 October 2011, and

FPC  
Chair

(E) the Director of Finance and Procurement be requested to:

(1) provide the Chief Executive with the latest information in relation to staffing by the end of the current week in order that he could brief the SHA accordingly, and  
(2) seek specific assistance from Deloitte and Finnamore regarding the issues noted above.

DFP

105/11/2 Actions to Ensure 2011-12 Financial Turnaround and Efficiency Update – Monthly Progress Report Against Recovery Plan

Members received and noted the contents of paper 'E', which summarised progress against the Financial Recovery Plan presented and agreed at the extraordinary Trust Board meeting held on 21 July 2011. In response to a specific question raised regarding the 'ED divert Funding / DTOC' line in the table presented under section 2.1 of the report, the Director of Finance and Procurement noted that this would be profiled from month 6 onwards.

**Resolved – that the contents of this report be received and noted.**

105/11/3 VSS Take-Up – Monthly Update

The Director of Human Resources tabled an update to paper 'F', which detailed the cumulative summary of the number of VSS Expression of Interest forms received up to Sunday 25 September 2011, all of which she was personally reviewing. Note was made that there had been less expressions of interest received in this scheme at UHL than those received in other Trusts who had undergone a similar exercise.

**Resolved – that the contents of paper F (and the updated tabled paper) be received and noted.**

105/11/4 Proposed Changes to Sickness Absence Policy and Performance Management

**Resolved – that this item be addressed under Minute 105/11/1 above.**

105/11/5 Report from Deloitte and Finnamore

Mr C Lewry and Mr J Hartigan of Deloitte & Finnamore attended to present paper 'G' (and the associated updated presentation) the purpose of which was to explain the scope of the Support for Stabilisation and Transformation project and progress made to-date.

The following areas were particularly highlighted during presentation of the report:

1. initial areas identified for improved controls, a number of which were feeding through immediately;
2. the outcome of the draft Interim RAG rating work at Divisional level, in terms of CIP scheme delivery, and of potential new CIP schemes identified through recent workshops, and the key themes also identified at this time around

capacity planning, the potential for IT-led change, workforce plans, and pathways within the Trust. The associated financial savings associated with the schemes were being undertaken currently in order that a priority schedule could be identified and progressed;

3. the CBU 'Deep Dives' that were being undertaken;
4. the proposed PMO and alignment workstream;
5. the planned meetings with the Trust's key stakeholders, and
6. development of an integrated business plan for FT readiness.

Particular discussion took place regarding the following areas:

- (i) Deloitte and Finnamore's assessment of the Trust's capability to realise opportunities, and the need for focused work around delivery (the necessary identification already being well progressed), which would be aided by the PMO;
- (ii) the wish of the Committee to see a resource plan detailing an assessment of capability and also ability / willingness to execute – it was noted that an update would be provided on this work at the next meeting of the Finance and Performance Committee;
- (iii) the structure of the central Operations Directorate;
- (iv) an initial assessment as to the level of savings (based on the interim RAG rating) that could be achieved in 2011/12;
- (v) the issue raised in relation to salary over-payments – it was agreed that this issue would be discussed further outwith the meeting with the Director of Human Resources;
- (vi) the nature, potential reporting structure and function of a central Project Management Office;
- (vii) the significant opportunities that could be presented from fundamentally changing pathways, particularly in respect of out-patient capacity, and
- (viii) the particular challenges facing the Trust in terms of perception, engagement, working relationships etc and also regarding the decisions facing the Trust.

D&amp;F

D&F/  
DHR

Members thanked Mr Lewry and Mr Hartigan for their presentation and for attending the Committee, noting the further update planned for the next meeting of the Finance and Performance Committee in October 2011.

D&amp;F

Following the conclusion of the presentation of this item, members further discussed the following issues:

- a. ensuring the appropriate processes were followed (e.g. should the Trust wish to 'give notice' on any services), and
- b. the wish of the Committee (and in particular the Non-Executive Directors) to see specific plans for delivery in order to be assured of progress. It was noted that the process should reach its culmination in November 2011 when Divisions and CBUs would be expected to present their 'root and branch' forecasts. In the meantime work would be focussed on turning 'red' RAG rated CIP schemes into 'green' ensuring that any gaps (in financial shortfall) were minimised. Members requested that the Chief Operating Officer / Chief Nurse and Medical Director collaborated (with input from Mr Lewry, as appropriate) to identify a mechanism to immediately address any 'blocks' to progress, and it was agreed that this would be incorporated into the weekly session with Deloitte and Finnamore.

D&F/  
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MD

**Resolved – that (A) the contents of this report (and updated presentation) be received and noted,**

**(B) Deloitte and Finnamore be requested to provide an update on progress**



(particularly in respect of the work identified under point (ii) above at the next meeting of the Finance and Performance Committee,

D&amp;F

(C) Deloitte and Finnamore and the Director of Human Resources be requested to discuss further, outwith the meeting, the issue raised in relation to salary overpayments, and

D&F/  
DHR

(D) the Chief Operating Officer / Chief Nurse, Medical Director and Mr Lewry (of Finnamore) be requested to undertake the action identified under point (b) above.

D&F/  
COO/CN/  
MD

## 106/11 2012-13 BUSINESS PLANNING AND CONTRACT NEGOTIATIONS

The Director of Finance and Procurement presented paper 'H', which updated the Committee on the timetable for the 2012/13 contracting round and the likely planning context. He particularly drew members' attention to the key points on page 1 of the report, including the fact that clinical leadership from UHL would be crucial.

In discussion on this item, members:

- (i) considered it would be worth identifying any exemplar organisations from whom to learn;
- (ii) sought (and received) assurances that relevant clinicians had been identified to be engaged in the work described within the report (albeit noting the difficulties clinicians potentially faced in such engagement if meetings were re-scheduled within the six week timeframe in which they were required to give notice of any clinic changes / cancellations), and
- (iii) noted and welcomed the offer of support extended to this process again this year by Mr Kilner, Non-Executive Director.

**Resolved – that the contents of this report be received and noted.**

## 107/11 MARKET SHARE DATA – COMMISSIONER DETAIL

Ms M Muirhead, Head of Services for GPs, attended to present paper 'I' on behalf of Mr Wightman, Director of Communications and External Relations. This report briefed the Committee regarding the Market Share Analysis commissioner report for the financial years of 2009/10 and 2010/11.

In discussion on this item, members:

- (i) noted that the report presented information relating to the current picture in terms of market share data, and queried engagement with clinicians to inform the Trust's aspirations for the future – in response it was noted that the proposal was to utilise Deloitte and Finnamore to assist the Trust in this work, as they would be able to provide an external view and proposition for progress. It was agreed to request that the Director of Communications and External Relations provided the Committee with a précis of how this process would be managed (and how the Trust proposed to move towards its desired position) when he submitted the quarter 4 report to the Committee;
- (ii) queried the headline thinking from General Practitioners in this respect and their vision – the Chief Operating Officer / Chief Nurse noted that the former CCIG (now the LLR Clinical Senate) would be discussing commissioning intentions at their next meeting, and collaborative working would be taking place with the community in this respect, and
- (iii) made note of the national move towards reducing the volume of work going through local acute hospitals and the need for local acute hospitals to be engaged in, and account for any reduced income and activity, associated with such moves.

DCER

**Resolved – that (A) the contents of this report be received and noted, and**

**(B) the Director of Communications and External Relations be requested to provide additional information to the Committee (point (i) above refers) in his quarter 4 report to the Committee.**

DCER

**108/11 CONSULTANT JOB PLANNING – PROGRESS**

The Medical Director presented paper 'J', which updated the Committee on progress to-date in respect of consultant job planning. Good progress had been made in ensuring the consistency, transparency and accountability around consultant job planning, and this work would be completed by the end of the calendar year. The implementation of effective and real time electronic job planning this year would provide the Trust with the tools to deploy its consultant workforce in the most efficient way possible. The development of meaningful medical productivity metrics would allow productivity to be monitored and improved, noting that this must be done in association with medical quality metrics as part of an appropriate balancing measure.

In discussion on this item, members:

- (i) noted increasing consultant costs against a background of decreasing tariffs, and of the need therefore to look particularly at utilisation and flexibility of the medical workforce, and
- (ii) requested that the Medical Director included timeframes against key stages, and provided a further update to the Committee in January 2012.

MD/TA

**Resolved – that (A) the contents of this report be received and noted, and**

**(B) the Medical Director be requested to:**

- (1) include timeframes against key stages identified within the report, and**
- (2) provide a further update to the Committee in January 2012.**

MD/TA

**109/11 PRIVATE PATIENT INCOME – UPDATE**

The Director of Finance and Procurement presented paper 'K', which provided an update on year to date activity with regard to private patient income and on the development of strategic alternatives. He further noted that he would provide a further update at the Finance and Performance Committee meeting in October 2011.

DFP/TA

**Resolved – that (A) the contents of this report be received and noted, and**

**(B) the Director of Finance and Procurement be requested to provide a further update on progress at the next meeting of the Finance and Performance Committee in October 2011.**

DFP/TA

**110/11 COST BENEFIT ANALYSIS OF ANP ROLE**

The Chief Operating Officer / Chief Nurse presented paper 'L', which provided an update on progress of the Physician Assistant and Advanced Nurse Practitioner Roles in the Emergency Department, noting that a further review and update would be provided to the Committee in January 2012.

COO/  
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Members noted that the benefit of such roles were specific to a small number of specialties, including, as in this case, the Emergency Department, and their purpose was to increase quality and safety, improve patient experience, assist in fewer unnecessary admissions and readmissions through evidence based patient centred care.

**Resolved** – that (A) the contents of this report be received and noted, and  
(B) a further update be provided to the Committee in January 2012.

COO/  
CN/TA

#### 111/11 FT & IBP TIMELINE

The Chief Executive reported verbally noting that the Trust awaited a conference call with the National Provider Development Agency to receive confirmation of whether the proposed revision to the timetable was acceptable.

**Resolved** – that this verbal information be noted.

#### 112/11 MEDICAL EDUCATION – FINANCIAL CHANGES TO SIFT AND MPET

The Medical Director presented paper 'M', which updated the Committee on changes to the MPET funding and the response to date by the Trust. The proposals of any changes to funding and their phasing for postgraduate component in particular remained the subject of national discussion and were yet to be agreed.

**Resolved** – that the contents of this report be received and noted.

#### 113/11 REPORTS FOR NOTING

##### 113/11/1 Vacancy Management Update

**Resolved** – that the contents of paper N (Vacancy Management Summary Report) be received and noted.

#### 114/11 MINUTES FOR INFORMATION

##### 114/11/1 Confirm and Challenge

**Resolved** – that the action notes of the Confirm and Challenge meeting held on 17 August 2011 (paper O refers) be received and noted.

##### 114/11/2 Governance and Risk Management Committee

**Resolved** – that the Minutes of the Governance and Risk Management Committee meeting held on 25 August 2011 (paper P refers) be received and noted.

##### 114/11/3 Quality and Performance Management Group

**Resolved** – that the action notes of the Quality and Performance Management Group meeting held on 3 August 2011 (paper Q refers) be received and noted.

#### 115/11 ITEMS FOR DISCUSSION AT THE NEXT FINANCE AND PERFORMANCE COMMITTEE MEETING

Paper R comprised a draft agenda for the Finance and Performance Committee meeting due to be held on 27 October 2011, which was approved by members.

**Resolved** – that the draft Finance and Performance Committee agenda for 27 October 2011 be approved.

#### 116/11 ANY OTHER BUSINESS

**Resolved** – that there were no further items of business.

**117/11 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

It was agreed to bring the following issue to the attention of the Trust Board at its meeting on 6 October 2011:

- specific issues discussed in relation to the Quality, Finance and Performance Report – Month 5 (Minute 105/11/1 refers).

**Chair**

**Resolved – that the Chair of the Finance and Performance Committee be requested to bring the above referenced matters to the attention of the Trust Board at its meeting on 6 October 2011.**

**Chair  
(FPC)**

**118/11 DATE OF NEXT MEETING**

In view of the anticipated lengthy agenda for the October 2011 meeting of the Finance and Performance Committee, the Chairman canvassed members' opinion as to starting the meeting at 8.30am, and this was agreed by members.

**Resolved – that the next meeting of the Finance and Performance Committee be held on Thursday 27 October 2011 commencing at the earlier time of 8.30am in Conference Rooms 1A and 1B, Gwendolen House, Leicester General Hospital.**

The meeting closed at 12.44pm

Gill Belton  
**Trust Administrator**